

3001 SHOPTON RD

20106103

6/3/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

USE .26AD/FT²

400-450 FT INCLUDE WITH PUMP TANK NOT ~~less~~ to READ

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: KATHY @ RCS TELECOPIER # 704-289-5560

FROM: DAVID CORNELIUS DATE 3/19/04
MCHD

NUMBER OF PAGES TRANSMITTED: 4 (including cover sheet)

COMMENTS: RE: 3001 SHOPTON ROAD

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ _____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/17/04 **PERMIT NO:** 7879
PARCEL NO: 201-061-03

JOB LOCATION ADDRESS: 3001 SHOPTON ROAD
PROPERTY OWNER: RAEFORD HUNTER
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: DAVID CORNELIUS, R.S. **DATE:** 3/17/04
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7879, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: ① PLUMBING LINE FROM CMUD WATER TAP MUST BE INSTALLED 710' FROM ANY PART OF SEPTIC SYSTEM. ② DUKE POWER LINE TO HOUSE MUST BE REMOVED. ③ SHALLOW PLACEMENT OF SEPTIC LINES.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

_____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE **DATE**

Permit Number: 7898

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 201-061-03

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.25 Long-term acceptance rate	360 Max gallons/day wastewater flow	1440 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Y Serviced by private well	1500 Gallon septic tank	480 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: ① BURIED POWER LINE MUST BE REMOVED
② CMOD PLUMBING LINE TO BE INSTALLED, MUST STAY 7 10' FROM SYSTEM
③ SHALLOW PLACEMENT OF DRAWLINES.

Repair Area System Type Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1440 Absorption Area (Sq ft) 480 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effec at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Departmen
- This Improvement permit is transferable.

DENR Authorized Agent — Date: RS. 3/17/04

Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPOSED PLOT PLAN

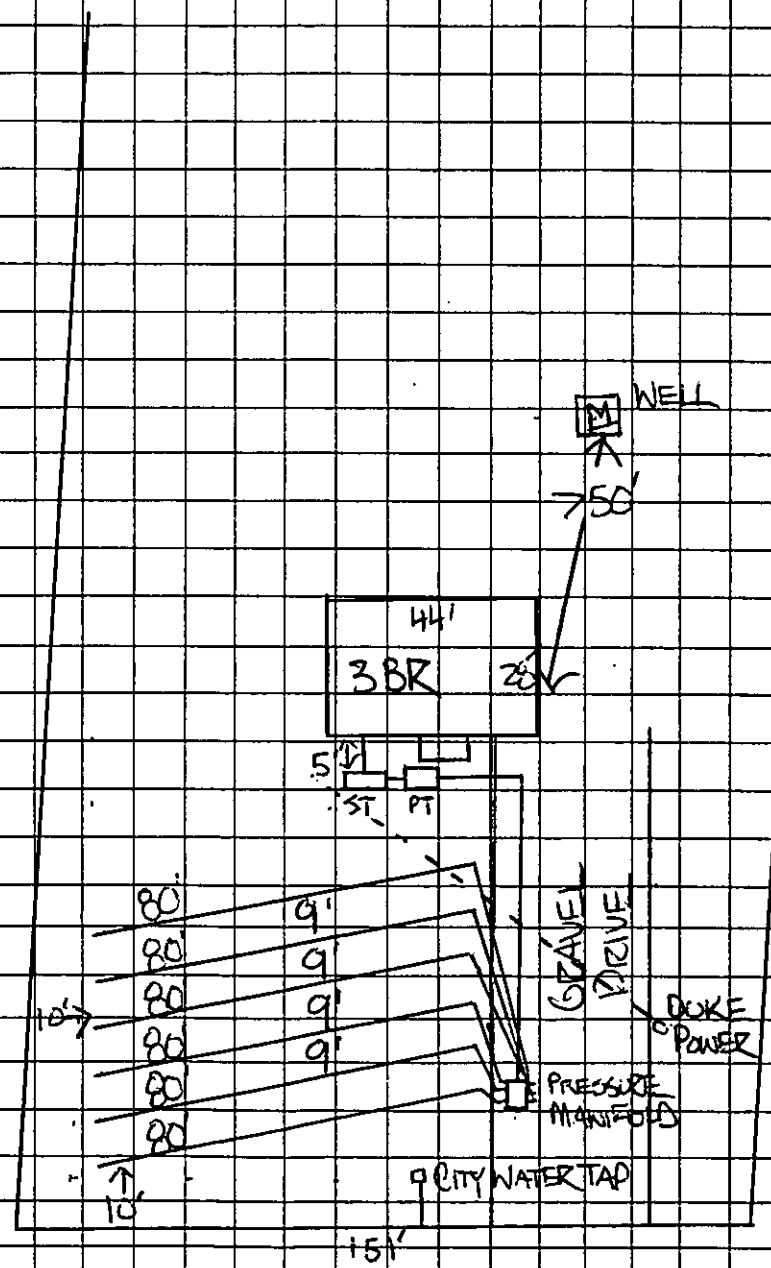
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7898

TC: 201-061-03

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

1"=40'



3BR HOUSE = 360 GPD
1500 GAL S.T.
1000 GAL P.T.
PRESSURE MANIFOLD
LTAR = .25 GPD/FT²

480 LINEAR FT. DRAWLINE
6 LINES @ 80'

*SHALLOW PLACEMENT
- PLACE ON 9' CENTERS
- INSTALL LINES LEVEL & ON CONTOUR

BURIED POWER LINE MUST BE REMOVED BEFORE INSTALLATION PERMIT WILL BE ISSUED

SETBACKS:
≥ 10' FROM WATER LINE
≥ 10' FROM PROPERTY LINE
≥ 5' FROM HOUSE
≥ 50' FROM WELL

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

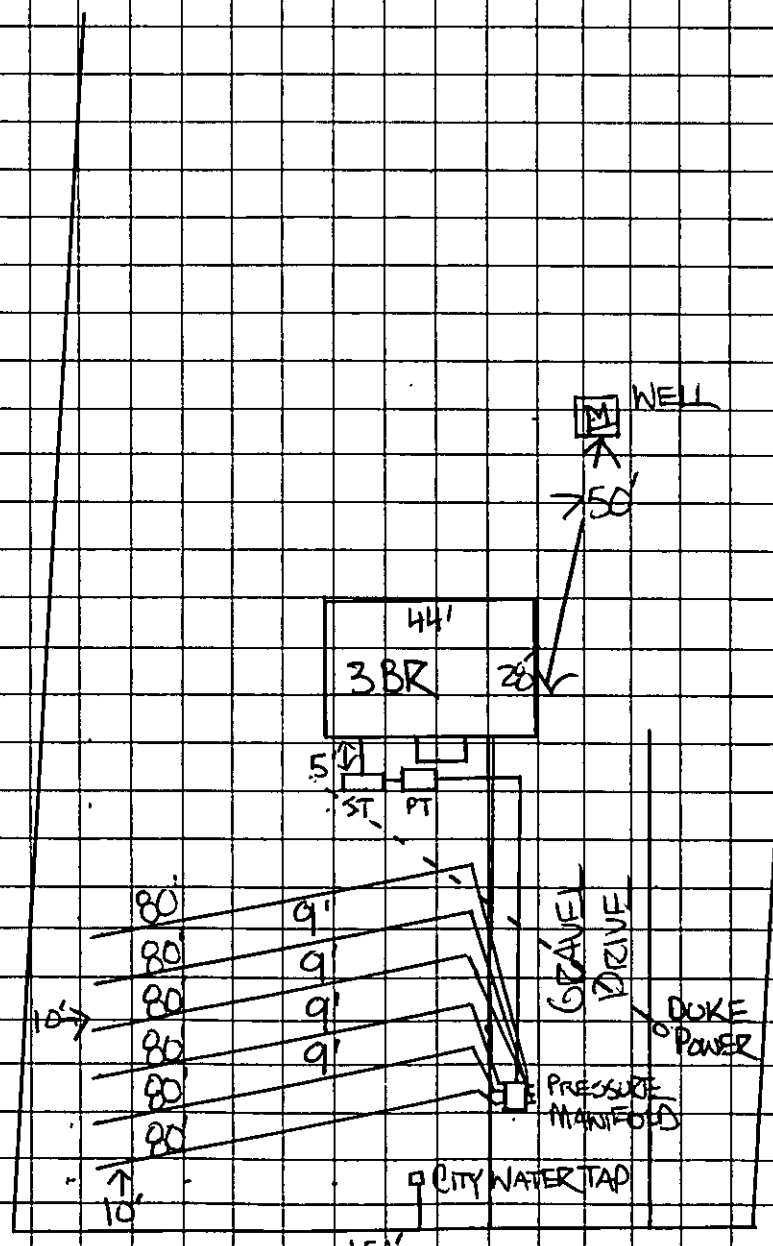
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480 LINEAR FT. DRAWLINE
6 LINES @ 80'

*SHALLOW PLACEMENT
- PLACE ON 9' CENTERS
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BURIED POWER LINE MUST BE REMOVED BEFORE INSTALLATION PERMIT WILL BE ISSUED

SETBACKS:
≥ 10' FROM WATER LINE
≥ 10' FROM PROPERTY LINE
≥ 5' FROM HOUSE
≥ 50' FROM WELL

3001 SHOPTON RD

OWNER/AGENT SIGNATURE

DATE

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PROPOSED PLOT PLAN

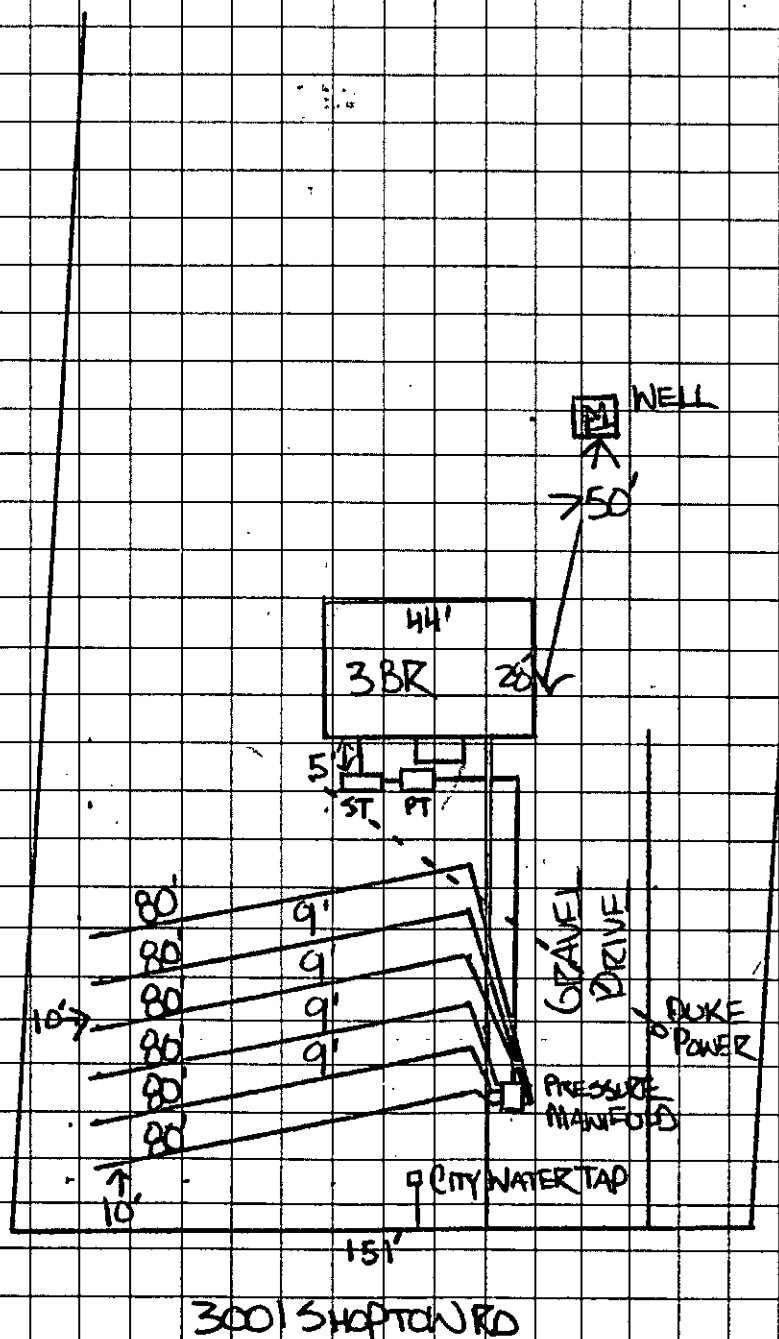
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1" = 40'



3BR HOUSE = 360 GPD
1500 GAL S.T.
1000 GAL P.T.
PRESSURE MANIFOLD
LTAR = .25 GPD/FT²

480 LINEAR FT. DRAINLINE
6 LINES @ 80'

*SHALLOW PLACEMENT
- PLACE ON 9' CENTERS
- INSTALL LINES LEVEL & ON CONTOUR

BURIED POWER LINE MUST BE REMOVED BEFORE INSTALLATION PERMIT WILL BE ISSUED

SETBACKS:
≥10' FROM WATER LINE
≥10' FROM PROPERTY LINE
≥5' FROM HOUSE
≥50' FROM WELL

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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PROPOSED PLOT PLAN

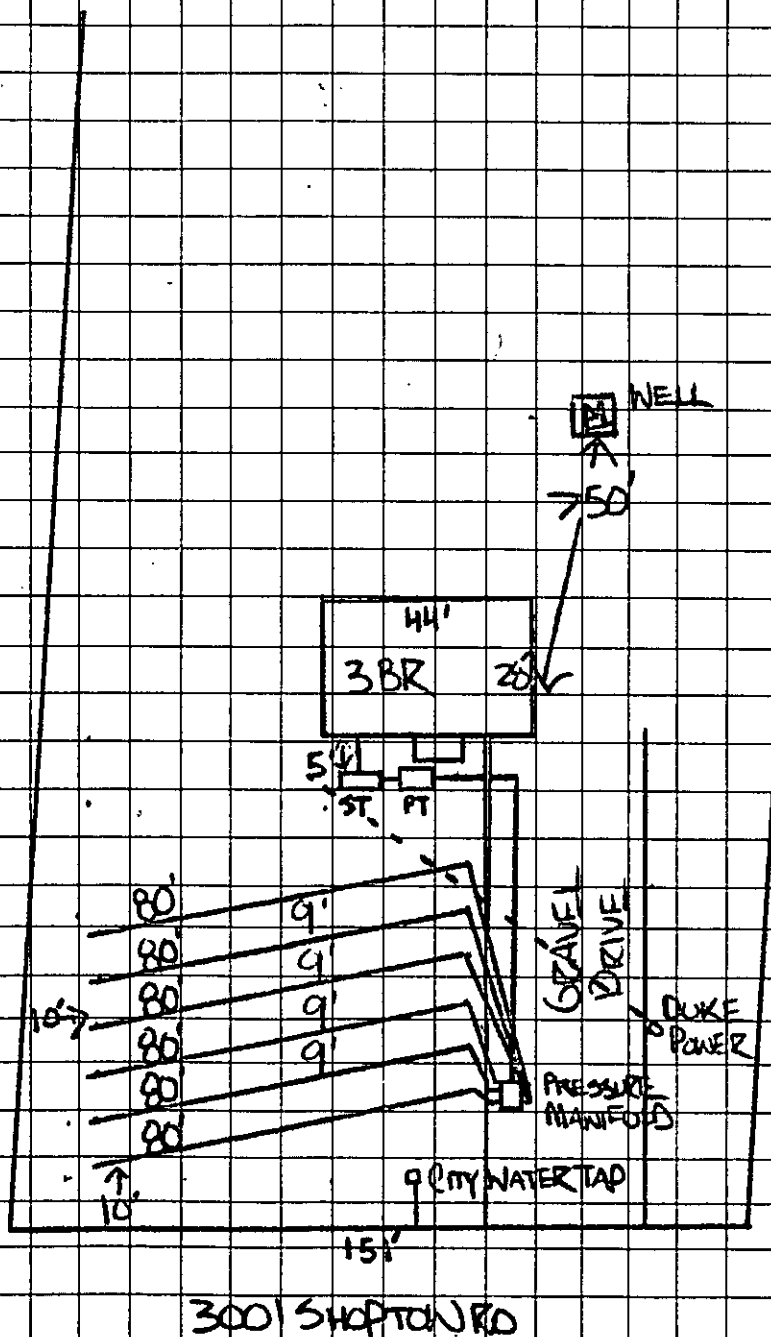
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TC: 201-061-03

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

1" = 1K'



3BR HOUSE: 360 GPD
1500 GAL S.T.
1000 GAL P.T.
PRESSURE MANIFOLD
LTAR = .25 GPD/FT²

480 LINEAR FT. DRAINLINE
6 LINES @ 80'

*SHALLOW PLACEMENT
- PLACE ON 9' CENTERS
- INSTALL LINES LEVEL & ON CONTOUR

BURIED POWER LINE MUST BE REMOVED BEFORE INSTALLATION PERMIT WILL BE ISSUED

SETBACKS:
710' FROM WATER LINE
710' FROM PROPERTY LINE
75' FROM HOUSE
750' FROM WELL

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2
Property ID: 201-061-03
Lot #:
File #: 7898
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Raeford Hunter
Applicant: Robert J. Ward
Address: 3001 Shopton Road, Charlotte, N. C. 28273
Date Evaluated: 02/11/2004
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: 1.8a
Location of Site: 3001 Shopton Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-6	COMPACTED		>26" TO SOIL WETNESS	26	N/A	NONE	US, IV .12GPD/FT^2
		6-20	SBK/C	FI/SEXP/S/P					
		20-26	SBK/CL	FR/SEXP/SS/SP					
2	"	0-4	GR/CL	"	>28" TO SOIL WETNESS	28	"	"	"
		4-21	SBK/C	FI/SEXP/SS/SP					
		21-28	SBK/CL	FR/SEXP/SS/SP					
3	"	0-5	GR/CL	"	>38" TO SOIL WETNESS	38+	"	"	PS, IV .2GPD/FT^2
		5-38	SBK/C	FI/SEXP/S/P					
		38+	SBK/C	VFI/EXP/VS/VP					
4	"	0-4	GR/CL	FR/SEXP/SS/SP	>34" TO SOIL WETNESS	34+	"	"	US, IV .2GPD/FT^2
		4-34	SBK/C	FI/SEXP/S/P					
		34+	SBK/C	VFI/EXP/VS/VP					
5	LS, 10	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV .2GPD/FT
		5-48	SBK/C	FI/SEXP/S/P					
6	LS, 8	0-6	GR/CL	FR/SEXP/SS/SP	>21" TO SOIL WETNESS	21+	"	"	US
		6-12	SBK/C	FI/SEXP/S/P					
		12-21+	SBK/C	VFI/EXP/VS/VP					
7	"	0-7	GR/CL	FR/SEXP/SS/SP	2.5Y7/1@27"	27+	"	"	"
		7-27	SBK/C	VFI/EXP/VS/VP					

Description	Initial System	Repair System
Available Space (.1945)	US	
System Type(s)		
Site LTAR	.12GPD/FT^2	

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Martin, LSS, 2/11/2004, W. R. Martin
Others Present:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2
Property ID: 201-061-03
Lot #:
File #: 7898
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:
Address: Date Evaluated:
Proposed Facility: Design Flow (.1949): Property Size:
Location of Site: Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN)	.1956 Sapro Class	.1944 Restr Horiz	
8	LS, 5	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .25GPD/FT^2
		6-48	SBK/C	FI/SEXP/S/P					
9	"	0-7	GR/CL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	30	"	"	US, IV .25GPD/FT^2
		7-22	SBK/C	FI/SEXP/S/P					
		22-30	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

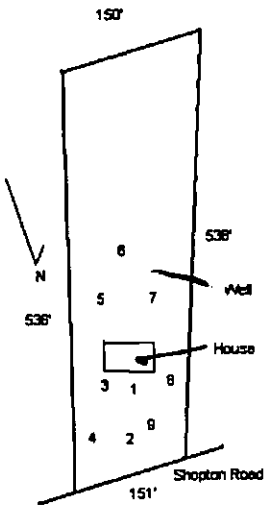
Other Factors (.1946): _____
Site Classification (.1948):
Evaluated By:
Others Present:

FILE # 7898

COMMENTS: 100% repair not required, will need pump, well needs abandoning

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8	VFR-VERY FRIABLE	NS-NON-STICKY
S-SHOULDER SLOPE		LS-LOAMY SAND		FR-FRIABLE	SS-SLIGHTLY STICKY
L-LINEAR SLOPE				FI-FIRM	S-STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	VFI-VERY FIRM	VS-VERY STICKY
N-NOSE SLOPE		L-LOAM		EFI-EXTREMELY FIRM	NP-NON-PLASTIC
H-HEAD SLOPE					SP-SLIGHTLY STICKY
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		P-PLASTIC
CV-CONVEX SLOPE		SIL-SILT LOAM			VP-VERY PLASTIC
T-TERRACE		CL-CLAY LOAM			
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FAX INFO TO
CATHY @ RCS



FEE: 250.00
DATE: 2-4-04
CHECK 2724 JKA

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

01592 Project RC
[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

David

FILE #: 7898

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 20106103

STREET ADDRESS: 3001 SHOPTON RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

- X 0 MECKLENBURG
- ___ 1 CHARLOTTE
- ___ 2 DAVIDSON
- ___ 3 CORNELIUS
- ___ 4 PINEVILLE
- ___ 5 MATTHEWS
- ___ 6 HUNTERSVILLE
- ___ 7 MINT HILL

CLOSING DATE 4-1-03

COPY

TYPE OF BUILDING (CHECK ONE):

- ___ SINGLE MOBILE HOME(S)
- ___ DOUBLE WIDE (D)
- X HOUSE (H)
- ___ MODULAR HOME (M)
- ___ MULTIPLE FAMILY (U)
- ___ OTHER (O)

HEATED SQUARE FOOTAGE: 1122

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

- ___ WITHOUT BASEMENT ON SLAB
- X CRAWL SPACE
- ___ WITH BASEMENT /PLUMBING
- ___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

REBUILDING HOUSE THAT BURNT DOWN / REPLACEMENT SYSTEM

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- ___ COMMUNITY (C)
- ___ SHARED WELL (S)
- X MUNICIPAL (M)
- ___ OTHER 'SPRINGS' (O)
- ___ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES X NO	WELL, SPRINGS OR WATERLINES	___ YES X NO
EXISTING WASTEWATER SYSTEMS	X YES ___ NO	DESIGNATED WETLANDS	___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES X NO		

PROPERTY OWNER:

NAME: HUNTER (LAST) RAEFORD (FIRST) (MI)

ADDRESS: 3001 Shopton Rd

CITY: CHARLOTTE STATE: NC ZIP: 28273

DAYTIME PHONE: (704) 587 - 0053

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: WARD (LAST) ROBERT (FIRST) S. (MI)

DAYTIME PHONE: (704) 634 - 9917

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? +50 years

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: RJ Ward DATE: 2/3/04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

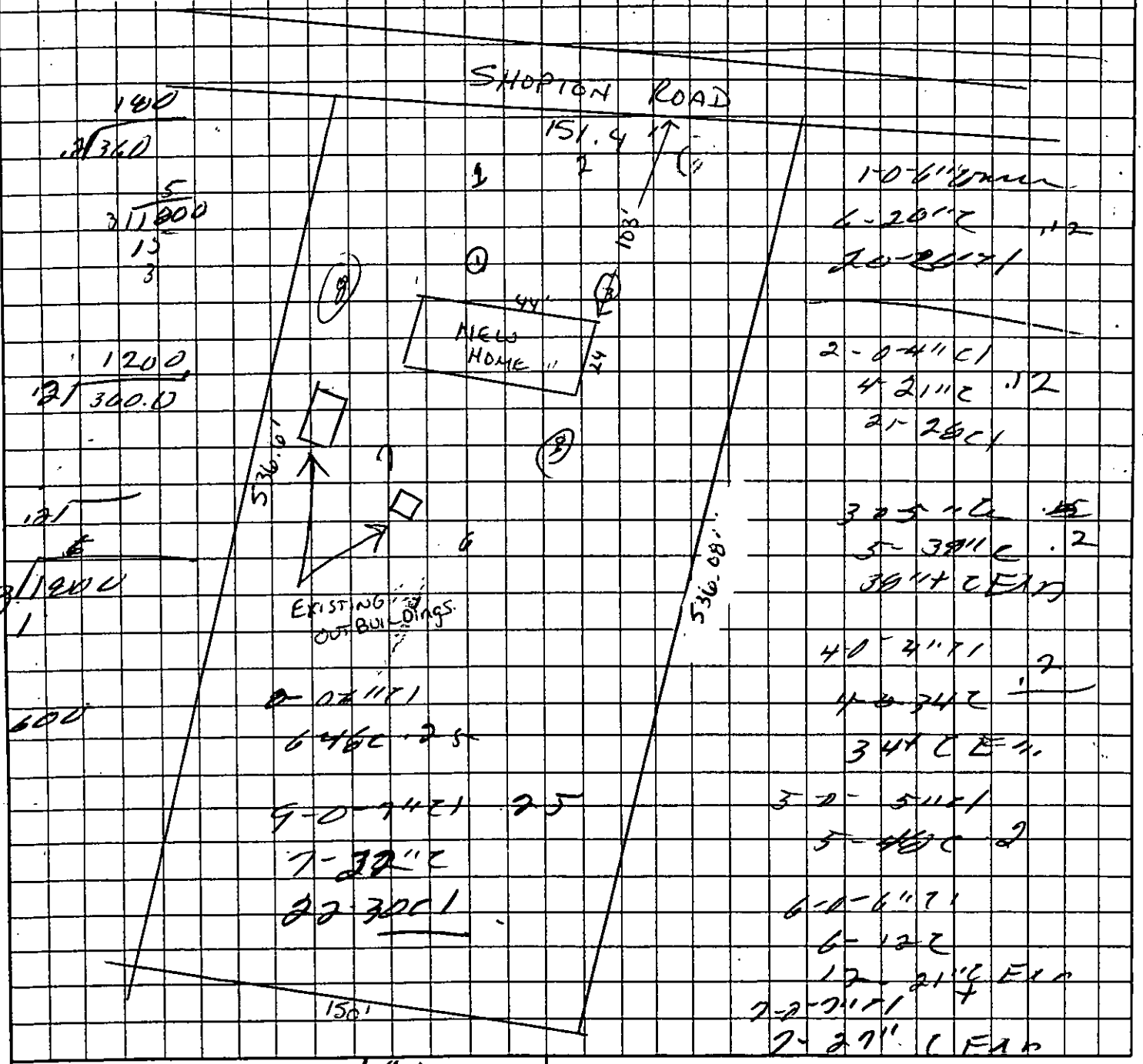
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ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

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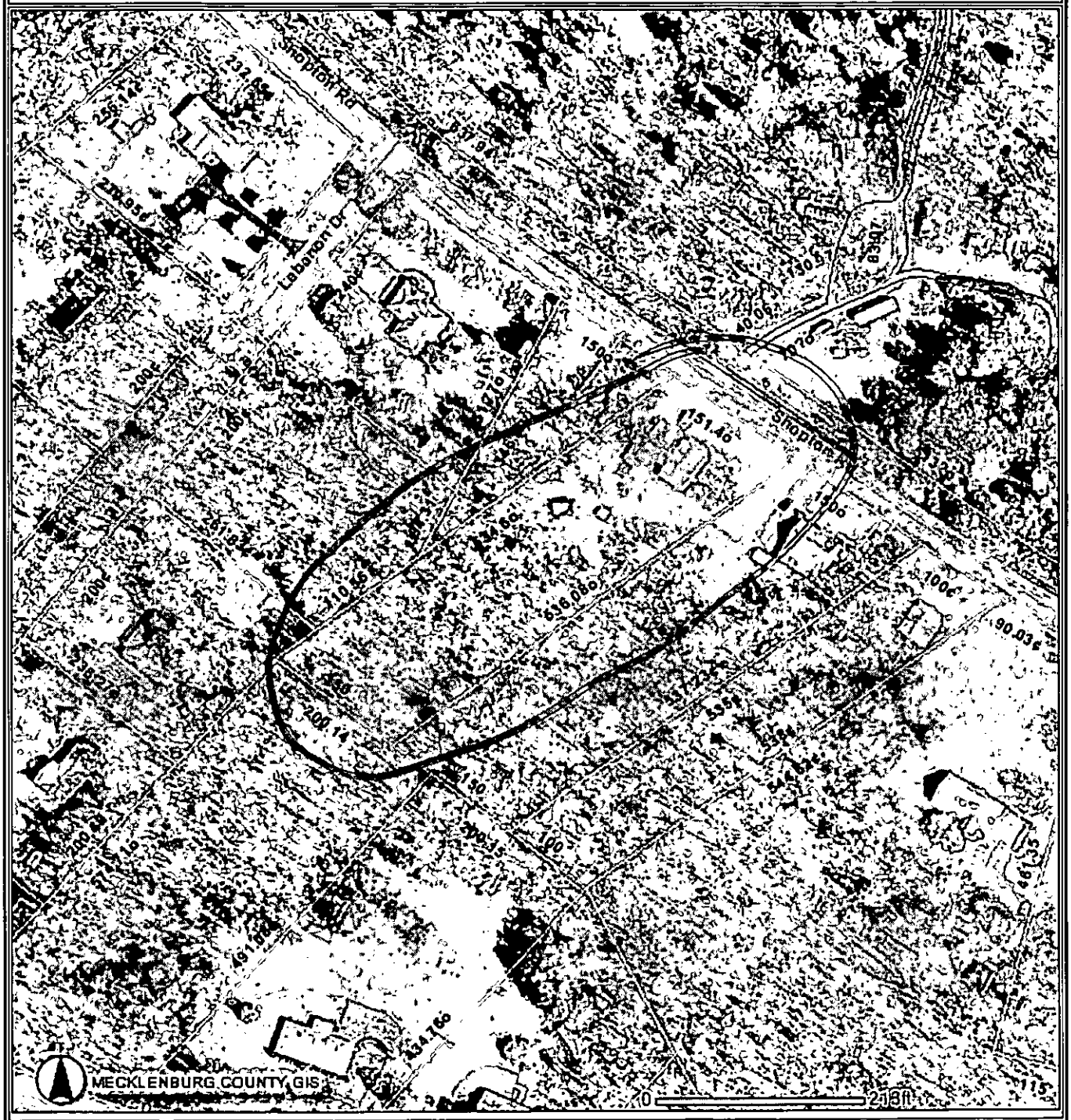
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Feb 5 16:19:43 EST 2004



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2
Property ID: 201-061-03
Lot #:
File #: 7898
Code: 2

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Raeford Hunter
Applicant: Robert J. Ward
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Date Evaluated: 02/11/2004
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Property Size: 1.8a
Location of Site: 3001 Shopton Road
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Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

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		20-26	SBK/CL	FR/SEXP/SS/SP					
2	"	0-4	GR/CL	"	>28" TO SOIL WETNESS	28	"	"	"
		4-21	SBK/C	FI/SEXP/SS/SP					
		21-28	SBK/CL	FR/SEXP/SS/SP					
3	"	0-5	GR/CL	"	>38" TO SOIL WETNESS	38+	"	"	PS, IV .2GPD/FT^2
		5-38	SBK/C	FI/SEXP/S/P					
		38+	SBK/C	VFI/EXP/VS/VP					
4	"	0-4	GR/CL	FR/SEXP/SS/SP	>34" TO SOIL WETNESS	34+	"	"	US, IV .2GPD/FT^2
		4-34	SBK/C	FI/SEXP/S/P					
		34+	SBK/C	VFI/EXP/VS/VP					
5	LS, 10	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV .2GPD/FT
		5-48	SBK/C	FI/SEXP/S/P					
6	LS, 8	0-6	GR/CL	FR/SEXP/SS/SP	>21" TO SOIL WETNESS	21+	"	"	US
		6-12	SBK/C	FI/SEXP/S/P					
		12-21+	SBK/C	VFI/EXP/VS/VP					
7	"	0-7	GR/CL	FR/SEXP/SS/SP	2.5Y7/1@27"	27+	"	"	"
		7-27	SBK/C	VFI/EXP/VS/VP					

Description	Initial System	Repair System
Available Space (.1945)	US	
System Type(s)		
Site LTAR	.12GPD/FT^2	

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 2/11/2004. W. R. Marlin
Others Present:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2
Property ID: 201-061-03
Lot #:
File #: 7898
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:
Address: Date Evaluated:
Proposed Facility: Design Flow (.1949): Property Size:
Location of Site: Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
8	LS, 5	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .25GPD/FT^2
		6-48	SBK/C	FI/SEXP/S/P					
9	"	0-7	GR/CL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	30	"	"	US, IV .25GPD/FT^2
		7-22	SBK/C	FI/SEXP/S/P					
		22-30	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

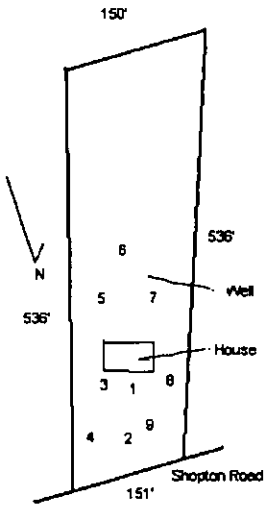
Other Factors (.1946): _____
Site Classification (.1948):
Evaluated By:
Others Present:

FILE # 7898

COMMENTS: 100% repair not required, will need pump, well needs abandoning

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



11486

FEE: 250.00
DATE: 1-4-04
CHECK 2724 JKA

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

David

FILE #: 7898

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 20106103

STREET ADDRESS: 3001 SHOPTON RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 1122

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

CLOSING DATE 4-1-03

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

REBUILDING HOUSE THAT BURNT DOWN / REPLACEMENT SYSTEM

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
X MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES X NO
EXISTING WASTEWATER SYSTEMS X YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: HUNTER (LAST) RAEFORD (FIRST) (MI)

ADDRESS: 3001 Shopton RD

CITY: CHARLOTTE STATE: NC ZIP: 28273

DAYTIME PHONE: (704) 587 - 0053

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: WARD (LAST) ROBERT (FIRST) J. (MI)

DAYTIME PHONE: (704) 634 - 9917

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? +50 years

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: R J Ward DATE: 2/3/04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

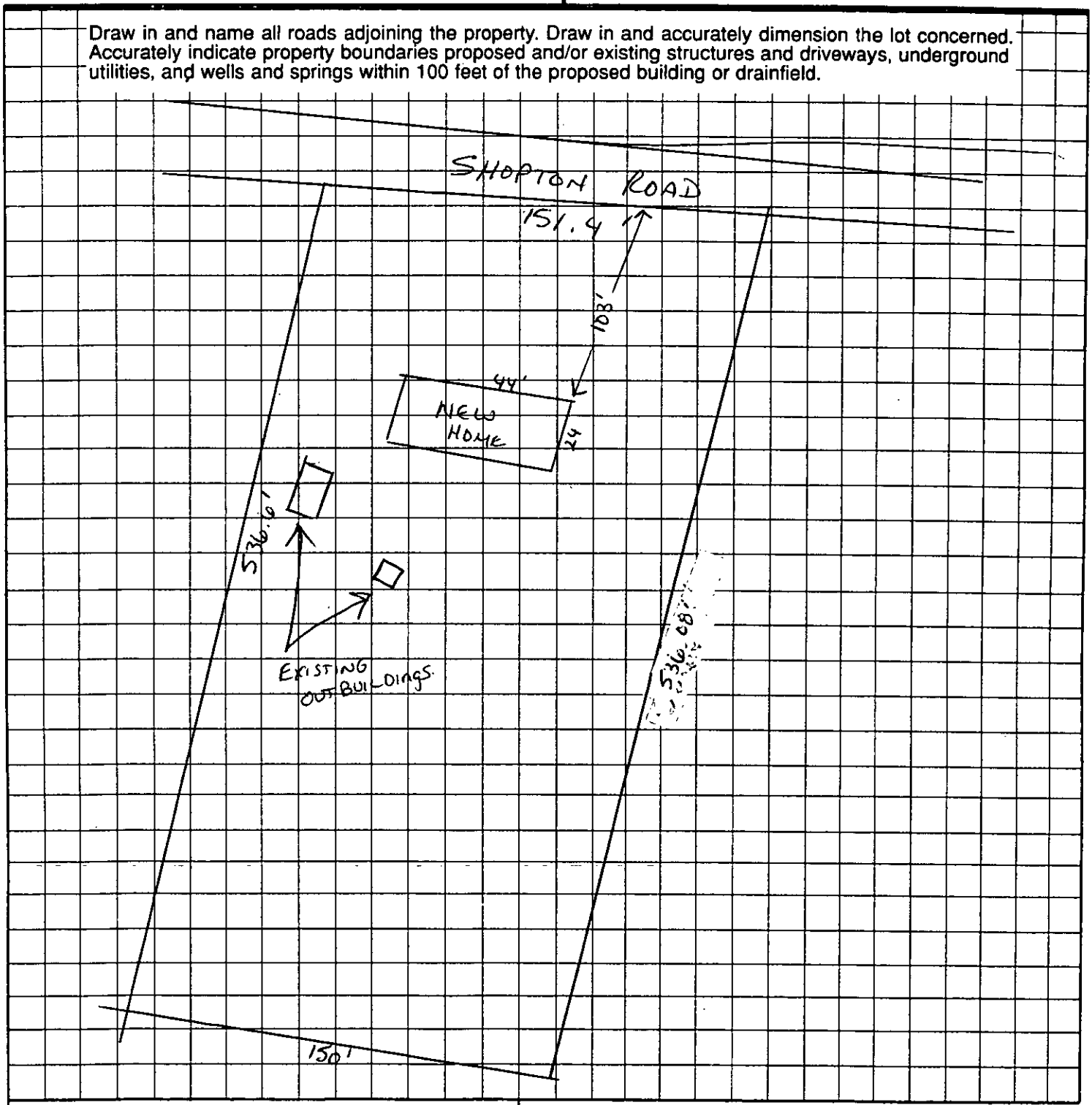
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7898

TC: 20106103

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy